

www.mass.gov/abcc

## **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN BREWSTER

LICENSE NUMBER: (	013400005			
APPLICATION FOR I	RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	BREWSTER INN INC.			
DOING BUSINESS A	S WOODSHED			
ADDRESS: 1993 MA	IN ST.			
CITY/TOWN BRE	WSTER	STATE:	MA	ZIP CODE: 02631
MANAGER: FORD	, ROBERT J. TYPE OF	FLICENSE	E: Restaurant	CATEGORY: All Alcohol
KITCHEN AND DIN	CENSED PREMISES: ING AREA;FIVE FIRST RST FLOOR ROOMS W			'H FOUR ENT/EXITS.
I hereby certify and sw	ear under penalties of per	jury that:		
	license will be of the san	• •	•	
	has complied with all law			=
3. the premises	s are now open for busine	ss (II not e	xpiain below	)
SIGNED BY	Individual, Partner or Aut	horized Co	rporate Offic	cer
•			101410 0111	042-53-6275
DATE:	TELEPHONE NUM	//BFR·		042-33-0273 EMPLOYER IDENTIFICATION NUMBER:
	TEELI HONE IVON	IDLK.	(No	ote: NOT Individual Social Security Number)
Acts of 2004, signed l	y the building inspector	and the h	ead of the f	ate required by Chapter 304 of the ire department for the above quired by Chapter 116 of the Acts
Please Check Below:			1004	I LICENCING AUTHORITY
APPROVED:	1		LOCA By:	L LICENSING AUTHORITY
DISAPPROVED: (If disapproved explain	)		Dy.	
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## **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400006  APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013  CLASS YEAR  LICENSEE NAME: CLIFFORD W. AND RUTH V. MANCHESTER  DOING BUSINESS AS THE BRAMBLE INN GALLERY & CAFE  ADDRESS: 2019 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: MANCHESTER, CLI TYPE OF LICENSE: Innholder CATEGORY: All Alcohol FFORD  DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-85-9321  DATE: TELEPHONE NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  LOCAL LICENSING AUTHORITY  By: (If disapproved explain)				
CLASS YEAR  LICENSEE NAME: CLIFFORD W. AND RUTH V. MANCHESTER  DOING BUSINESS AS THE BRAMBLE INN GALLERY & CAFE  ADDRESS: 2019 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: MANCHESTER, CLI TYPE OF LICENSE: Innholder CATEGORY: All Alcohol FFORD  DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY  By:	LICENSE NUM	MBER: 013400006		
LICENSEE NAME: CLIFFORD W. AND RUTH V. MANCHESTER  DOING BUSINESS AS THE BRAMBLE INN GALLERY & CAFE  ADDRESS: 2019 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: MANCHESTER, CLI TYPE OF LICENSE: Innholder CATEGORY: All Alcohol FFORD  DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY  DISAPPROVED: LOCAL LICENSING AUTHORITY  By:	APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013
DOING BUSINESS AS THE BRAMBLE INN GALLERY & CAFE  ADDRESS: 2019 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: MANCHESTER, CLI TYPE OF LICENSE: Innholder CATEGORY: All Alcohol FFORD  DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY  By:			CLASS	YEAR
ADDRESS: 2019 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: MANCHESTER, CLI TYPE OF LICENSE: Innholder FFORD  DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY  By:	LICENSEE NA	AME: CLIFFORD W. A	ND RUTH V. MANCHE	STER
MANAGER: MANCHESTER, CLI TYPE OF LICENSE: Innholder CATEGORY: All Alcohol FFORD  DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY By:	DOING BUSIN	NESS AS THE BRAMBL	E INN GALLERY & CA	AFE
MANAGER: MANCHESTER, CLI TYPE OF LICENSE: Innholder CATEGORY: All Alcohol FFORD  DESCRIPTION OF LICENSED PREMISES: FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-85-9321  EMPLOYER BENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:	ADDRESS: 20	019 MAIN ST.		
DESCRIPTION OF LICENSED PREMISES:  FIRST FLOOR, 4 SEATING ROOMS AND KITCHEN AREA. FULL CELLAR FOR STORAGE  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O42-85-9321  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY  By:	CITY/TOWN	BREWSTER	STATE: MA	ZIP CODE: 02631
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE:  TELEPHONE NUMBER:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  DISAPPROVED:  By:	MANAGER:		YPE OF LICENSE: Innh	older CATEGORY: All Alcohol
Individual, Partner or Authorized Corporate Officer  O42-85-9321  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY  By:	FIRST FLOOR I hereby certify  1. the 1  2. the 1	R, 4 SEATING ROOMS A and swear under penaltie renewed license will be of licensee has complied with	and KITCHEN AREA. It is of perjury that: If the same type for the same hall laws of the Common	me premises now licensed; wealth relating to taxes; and
DATE:  TELEPHONE NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED:  DISAPPROVED:  DISAPPROVED:  But EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  LOCAL LICENSING AUTHORITY  By:	SIGNED BY	Individual, Partner	r or Authorized Corporate	e Officer
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORITY  DISAPPROVED: By:	DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
APPROVED: LOCAL LICENSING AUTHORITY DISAPPROVED: By:	Acts of 2004, snamed license	signed by the building in	spector and the head of	the fire department for the above
	APPROVED: DISAPPROVE	ED:		



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUM	MBER: 013400009			
APPLICATION	FOR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: CHILLINGSWORTH	INC.		
DOING BUSIN	ESS AS CHILLINGWORTI	H		
ADDRESS: 24	49 MAIN ST.			
CITY/TOWN	BREWSTER	STATE:	MA	ZIP CODE: 02631
MANAGER:	RABIN, ROBERT P. TYPE	OF LICENSE	E: Innholder	CATEGORY: All Alcohol
2 STORY FRA	OF LICENSED PREMISES MED BUILDING WITH 7 F ECOND FLOOR AND A CE	ROOMS ON F		R; SEVEN ENT/EXITS. 6
I hereby certify	and swear under penalties of	perjury that:		
1. the r	enewed license will be of the	same type for	the same pre	mises now licensed;
2. the li	icensee has complied with all	laws of the Co	ommonwealth	n relating to taxes; and
3. the p	premises are now open for bus	siness (If not e	xplain below	)
SIGNED BY				
	Individual, Partner or	Authorized Co	rporate Offic	er
D 4 777				042-58-0660
DATE:	TELEPHONE N	NUMBER:		EMPLOYER IDENTIFICATION NUMBER:
			(No	te: NOT Individual Social Security Number)
<b>Acts of 2004, s</b>	igned by the building inspe	ctor and the h	ead of the fi	nte required by Chapter 304 of the re department for the above quired by Chapter 116 of the Acts
Please Check	Below:		* 0 0 1	L LIGENGRIG AUTONOMY
APPROVED:				L LICENSING AUTHORITY
DISAPPROVE			By:	
(If disapproved	explain)			



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

MANAGER: ROWAN, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol STEPHEN B.  DESCRIPTION OF LICENSED PREMISES: FIRST FLOORWITH 6 EXITS,TWO DINING RMS.TWO OFFICES,LIVING RM TWO OUTSIDE PORCHES,GARDEN AND LAWN,SIDE DECK LOBBY,FRONT HALL,4 BACK EXITS,13 GUEST RMS ON SECOND AND THIRD FLOORS,10 ROOMS IN OUTBUILDING,FULL CELLAR WITH TWO EXITS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer					
CLASS YEAR  LICENSEE NAME: OLD SEA PINES INN CORP.  DOING BUSINESS AS OLD SEA PINES INN  ADDRESS: 2553 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: ROWAN, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol STEPHEN B.  DESCRIPTION OF LICENSED PREMISES: FIRST FLOORWITH 6 EXITS, TWO DINING RMS. TWO OFFICES, LIVING RM TWO OUTSIDE PORCHES, GARDEN AND LAWN, SIDE DECK LOBBY, FRONT HALL, 4 BACK EXITS, 13 GUEST RMS ON SECOND AND THIRD FLOORS, 10 ROOMS IN OUTBUILDING, FULL CELLAR WITH TWO EXITS.  1 hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	LICENSE NUM	MBER: 013400010			
LICENSEE NAME: OLD SEA PINES INN CORP.  DOING BUSINESS AS OLD SEA PINES INN  ADDRESS: 2553 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: ROWAN, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol STEPHEN B.  DESCRIPTION OF LICENSED PREMISES: FIRST FLOORWITH 6 EXITS, TWO DINING RMS. TWO OFFICES, LIVING RM TWO OUTSIDE PORCHES, GARDEN AND LAWN, SIDE DECK LOBBY, FRONT HALL, 4 BACK EXITS, 13 GUEST RMS ON SECOND AND THIRD FLOORS, 10 ROOMS IN OUTBUILDING, FULL CELLAR WITH TWO EXITS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	APPLICATION	N FOR RENEWAL:	Annual		LICENSED FOR 2013
DOING BUSINESS AS OLD SEA PINES INN  ADDRESS: 2553 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: ROWAN, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol STEPHEN B.  DESCRIPTION OF LICENSED PREMISES: FIRST FLOORWITH 6 EXITS, TWO DINING RMS. TWO OFFICES, LIVING RM TWO OUTSIDE PORCHES, GARDEN AND LAWN, SIDE DECK LOBBY, FRONT HALL, 4 BACK EXITS, 13 GUEST RMS ON SECOND AND THIRD FLOORS, 10 ROOMS IN OUTBUILDING, FULL CELLAR WITH TWO EXITS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts			CLASS		YEAR
ADDRESS: 2553 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: ROWAN, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol STEPHEN B.  DESCRIPTION OF LICENSED PREMISES: FIRST FLOORWITH 6 EXITS, TWO DINING RMS. TWO OFFICES, LIVING RM TWO OUTSIDE PORCHES, GARDEN AND LAWN, SIDE DECK LOBBY, FRONT HALL, 4 BACK EXITS, 13 GUEST RMS ON SECOND AND THIRD FLOORS, 10 ROOMS IN OUTBUILDING, FULL CELLAR WITH TWO EXITS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE: TELEPHONE NUMBER: MPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	LICENSEE NA	ME: OLD SEA PI	NES INN CORP.		
ADDRESS: 2553 MAIN ST.  CITY/TOWN BREWSTER STATE: MA ZIP CODE: 02631  MANAGER: ROWAN, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol STEPHEN B.  DESCRIPTION OF LICENSED PREMISES: FIRST FLOORWITH 6 EXITS, TWO DINING RMS. TWO OFFICES, LIVING RM TWO OUTSIDE PORCHES, GARDEN AND LAWN, SIDE DECK LOBBY, FRONT HALL, 4 BACK EXITS, 13 GUEST RMS ON SECOND AND THIRD FLOORS, 10 ROOMS IN OUTBUILDING, FULL CELLAR WITH TWO EXITS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE: TELEPHONE NUMBER: MPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	DOING BUSIN	JESS AS OLD SEA I	PINES INN		
MANAGER: ROWAN, TYPE OF LICENSE: Innholder CATEGORY: All Alcohol STEPHEN B.  DESCRIPTION OF LICENSED PREMISES: FIRST FLOORWITH 6 EXITS, TWO DINING RMS. TWO OFFICES, LIVING RM TWO OUTSIDE PORCHES, GARDEN AND LAWN, SIDE DECK LOBBY, FRONT HALL, 4 BACK EXITS, 13 GUEST RMS ON SECOND AND THIRD FLOORS, 10 ROOMS IN OUTBUILDING, FULL CELLAR WITH TWO EXITS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts			THE THE		
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DESCRIPTION OF LICENSED PREMISES: FIRST FLOORWITH 6 EXITS, TWO DINING RMS.TWO OFFICES, LIVING RM TWO OUTSIDE PORCHES, GARDEN AND LAWN, SIDE DECK LOBBY, FRONT HALL, 4 BACK EXITS, 13 GUEST RMS ON SECOND AND THIRD FLOORS, 10 ROOMS IN OUTBUILDING, FULL CELLAR WITH TWO EXITS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE:  TELEPHONE NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	CITY/TOWN	BREWSTER	STATE:	MA	ZIP CODE: 02631
FIRST FLOORWITH 6 EXITS,TWO DINING RMS.TWO OFFICES,LIVING RM TWO OUTSIDE PORCHES,GARDEN AND LAWN,SIDE DECK LOBBY,FRONT HALL,4 BACK EXITS,13 GUEST RMS ON SECOND AND THIRD FLOORS,10 ROOMS IN OUTBUILDING,FULL CELLAR WITH TWO EXITS.  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	MANAGER:		TYPE OF LICENSE	E: Innholder	CATEGORY: All Alcohol
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	FIRST FLOOR PORCHES,GA RMS ON SECO	WITH 6 EXITS,TW RDEN AND LAWN	O DINING RMS.TWO ,SIDE DECK LOBBY	FRONT HA	LL,4 BACK EXITS,13 GUEST
1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	I hereby certify	and swear under pen	alties of perjury that:		
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE:  TELEPHONE NUMBER:  EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	-	_		the same prei	mises now licensed;
SIGNED BY  Individual, Partner or Authorized Corporate Officer  043-37-1539  DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	2. the l	icensee has complied	with all laws of the Co	ommonwealth	relating to taxes; and
Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	3. the p	oremises are now ope	n for business (If not e	xplain below)	)
Individual, Partner or Authorized Corporate Officer  O43-37-1539  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	SIGNED BY				
DATE:  TELEPHONE NUMBER:  (Note: NOT Individual Social Security Number)  We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	SIGINED DI	Individual, Pa	rtner or Authorized Co	orporate Offic	er
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts					043-37-1539
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts	DATE:	TELEP	HONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:
Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts				(No	te: NOT Individual Social Security Number)
	Acts of 2004, s named license	signed by the buildin	ng inspector and the h	ead of the fi	re department for the above
Please Check Below:	Please Check	Below:		LOCA	I LICENCING AUTHORITY
APPROVED: LOCAL LICENSING AUTHORITY  By:					L LICENSING AUTHURITY
DISAPPROVED: by: (If disapproved explain)				Dy.	



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#### **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN BREWSTER

LICENSE NUM	MBER: 013400011			
APPLICATION	N FOR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: OCEAN EDG	E RESORT LIMITED	PARTNERS	HIP
DOING BUSIN	NESS AS OCEAN ED	OGE INN & CONFER	ENCE CENT	ER
ADDRESS: 29	907 MAIN ST.RTE.6	A		
CITY/TOWN	BREWSTER	STATE:	MA	ZIP CODE: 02631
MANAGER:	Burek, Matthew	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
			CH AND ADJ	JACENT AREA, POOL AREA
1. the 1 2. the 1	licensee has complied	alties of perjury that: be of the same type for with all laws of the Co n for business (If not e	ommonwealth	relating to taxes; and
SIGNED BY	Individual, Par	rtner or Authorized Co	orporate Office	er
DATE:	TELEPI	HONE NUMBER:		043-39-5913 EMPLOYER IDENTIFICATION NUMBER: te: NOT Individual Social Security Number)
Acts of 2004, s	signed by the buildin	g inspector and the l	nead of the fir	te required by Chapter 304 of the re department for the above juired by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved)	ED:		LOCAI By:	L LICENSING AUTHORITY



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN BREWSTER

Annual	LICENSED FOR 2013
CLASS	YEAR
ESTMENTS, INC.	
PE COD VILLAGE , II	NC.
STATE: MA	ZIP CODE: 02631
PE OF LICENSE: Res	taurant CATEGORY: All Alcohol
ES: ROOMS ON FIRST FL	OOR WITH ONE ENTRANCE,ONE
• •	me premises now licensed; nwealth relating to taxes; and below)
or Authorized Corporat	e Officer
E NUMBER:	043-33-9323 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
pector and the head o	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
	LOCAL LICENSING AUTHORITY By:
	CLASS ESTMENTS, INC.  PE COD VILLAGE, II  STATE: MA  PE OF LICENSE: Res  ES:  COOMS ON FIRST FL  of perjury that:  the same type for the sa all laws of the Common  cusiness (If not explain  or Authorized Corporate  I NUMBER:  In possession (1) the conceptor of the sal  conceptor of the sal of the



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN BREWSTER

LICENSE NUN	MBER: 013400015			
APPLICATION	N FOR RENEWAL:	Annual		LICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: BREWSTER	POST #9917 VFW O	F THE U.S.,	INC.
DOING BUSIN	JESS AS			
	89 FREEMAN'S WA	Y		
TIDDICESS. )	op i idalivii ii vo vi ii	•		
CITY/TOWN	BREWSTER	STATE:	MA	ZIP CODE: 02631
MANAGER:	LAI, DAVID K.	TYPE OF LICENS	E: Club	CATEGORY: All Alcohol
UNDERGROU		JILDING CONSISTIN		EE MEETING ES AND AJOUING PICNIC
1. the 1 2. the 1	icensee has complied	be of the same type for	ommonwealt	h relating to taxes; and
SIGNED BY	Individual, Pa	rtner or Authorized Co	orporate Offic	cer
				046-12-6816
DATE:	TELEPI	HONE NUMBER:	(No	EMPLOYER IDENTIFICATION NUMBER: Date: NOT Individual Social Security Number)
Acts of 2004, s	signed by the buildin	g inspector and the l	head of the fi	ate required by Chapter 304 of the ire department for the above quired by Chapter 116 of the Acts
Please Check APPROVED:			LOCA By:	L LICENSING AUTHORITY
DISAPPROVE (If disapproved			J.	



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN BREWSTER

LICENSE NUM	MBER: 013400017				
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEA	R
LICENSEE NA	ME: CHECKERBE	RRY INC			
DOING BUSIN	IESS AS MILLSTON	E LIQUORS			
ADDRESS: 11	183 LONG POND RC	OAD			
CITY/TOWN	BREWSTER	STATE: N	1A	ZIP CODE: (	02631
MANAGER:	BUTLER, WALTER H.	TYPE OF LICENSE:	Package Store	CATEGORY:	All Alcohol
-	OF LICENSED PREBUILDING WITH ON	EMISES: NE ENTRANCE AND I	EXIT WITH CELL	AR FOR STOR	AGE.
<ol> <li>the r</li> <li>the l</li> </ol>	icensee has complied	lties of perjury that: e of the same type for th with all laws of the Con a for business (If not exp	nmonwealth relating		
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOY	42-90-5905 (ER IDENTIFICATION INDIVIDUAL SOCIAL SOC	
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICE By:	NSING AUTHO	RITY

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN	Bl	REV	VST	$\Gamma ER$	
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LICENSE NUMBE	ER: 013400018				
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 2013	
		CLASS		YEA	R
LICENSEE NAME	E: LUKES OF BE	REWSTER INC			
DOING BUSINES	S AS LUKES SUI	PER LIQUORS			
ADDRESS: 15 LO	OWER ROAD				
CITY/TOWN I	BREWSTER	STATE:	MA	ZIP CODE: (	02631
	ABINEAU, DLAND L.	TYPE OF LICENSE	: Package Store	CATEGORY:	All Alcohol
OVERHEAD DOO I hereby certify and 1. the rene 2. the licer	FLR WITH 2000 DR AND REGULA I swear under pena wed license will be usee has complied	EMISES: SQ FT,BASEMENT, AR DOOR. INTERIO Ities of perjury that: e of the same type for with all laws of the Co	the same premises	O BASEMENT now licensed;	EAD,
SIGNED BY	Individual, Par	tner or Authorized Co	rporate Officer		
DATE:	TELEPH	IONE NUMBER:		042-66-2743 OYER IDENTIFICATION T Individual Social Se	
Please Check Bel APPROVED: DISAPPROVED:	.ow:		LOCAL LIC	ENSING AUTHO	RITY

DATE:

(If disapproved explain)

 $APPLICATION\ FOR\ RENEWAL\ MUST\ BE\ FILED\ BY\ LICENSEES\ DURING\ THE\ MONTH\ OF\ NOVEMBER\ (M.G.L.\ Ch.\ 138\ \$\ 16A)$ 



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## OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN BREWSTER

LICENSE NUMBER: 013400019		
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: KSKB, INC.		
DOING BUSINESS AS BREWSTE	R VILLAGE MARKETPI	LACE
ADDRESS: 1760 MAIN STREET		
CITY/TOWN BREWSTER	STATE: MA	ZIP CODE: 02631
MANAGER: DALY, KELLY E.	TYPE OF LICENSE: Pa	ackage Store CATEGORY: All Alcohol
	RANCES AND EXITS. ST alties of perjury that: be of the same type for the I with all laws of the Comm	same premises now licensed; nonwealth relating to taxes; and
SIGNED BY  Individual Pa	rtner or Authorized Corpo	rate Officer
DATE	HONE NUMBER:	200-00-2257  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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## **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN	BREWSTER
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LICENSE NUMBER: 01340	0020				
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2013			
	CLASS	YEAR			
LICENSEE NAME: NASIF	R J. SAD				
DOING BUSINESS AS BRI	EWSTER FARMS				
ADDRESS: 2771 MAIN ST	REET				
CITY/TOWN BREWSTI	ER STATE:	MA ZIP CODE: 02631			
MANAGER: SAD, NASII	R J. TYPE OF LICENSE	E: Package Store CATEGORY: All Alcohol			
DESCRIPTION OF LICENSED PREMISES: 2 STORY BLDG,FIRST FLOOR,UTILITY ROOM;GARAGE, SECOND FLOOR WITH SIX ROOM APARTMENT					
I hereby certify and swear un					
	· -	the same premises now licensed;			
	=	ommonwealth relating to taxes; and			
3. the premises are n	ow open for business (If not e	xplain below)			
SIGNED BY Individ	lual, Partner or Authorized Co	orporate Officer			
DATE:	ΓELEPHONE NUMBER:	454-65-4114  EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:			

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

CITY OR TOWN BREWSTER

LOCAL LICENSING AUTHORITY

By:

LICENSE NUM	MBER: 013400021			
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: HINKLEY HA	AVEN INC		
DOING BUSIN	ESS AS WINSLOW	SPIRITS & THINGS		
ADDRESS: 36	643 MAIN ST.			
CITY/TOWN	BREWSTER	STATE:	MA	ZIP CODE: 02631
MANAGER:	WINSLOW, RICHARD	TYPE OF LICENSE	: Package Store	CATEGORY: All Alcohol
			) REAR EXIT. ON	E FLOOR,TWO ROOMS
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)				
SIGNED BY	Individual, Par	rtner or Authorized Con	porate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLC	042-82-1578  YER IDENTIFICATION NUMBER:  Individual Social Security Number)
Please Check	Below:			

DATE:

APPROVED:

DISAPPROVED: [If disapproved explain]

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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## **OFF-PREMISESLICENSE RENEWAL APPLICATION**

<b>CITY</b>	OR	TOW	N B	REV	WS7	$\Gamma ER$
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LICENSE NUMBER: 013400022					
APPLICATION FOR RENEWAL:	Annual	LICE	NSED FOR 2013		
	CLASS		YEAR		
LICENSEE NAME: CAPE MEAD	OWS, INC.				
DOING BUSINESS AS BREWSTE	R WINE CELLAR &	SPIRITS			
ADDRESS: 2655 MAIN STREET					
CITY/TOWN BREWSTER	STATE:	MA	ZIP CODE: 02631		
MANAGER: BARBER, ERIC	TYPE OF LICENSE	E: Package Store	CATEGORY: All Alcohol		
DESCRIPTION OF LICENSED PREMISES: 2000 SQ FT RETAIL SPACE IN ESTABLISHED SHOPPING PLAZA WITH NINE OTHER BUSINESSES, TWO ENTRANCES/EXITS IN THE FRONT,TWO ENTRANCES/EXITS IN THE REART					
I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)					
SIGNED BY Individual, Par	rtner or Authorized Co	orporate Officer			
DATE: TELEPI	HONE NUMBER:	EMPLO	522-41-3847 DYER IDENTIFICATION NUMBER:  I Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICI By:	ENSING AUTHORITY		

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUI	MBER: 013400029				
APPLICATION	N FOR RENEWAL:	Annual	LICENSE	D FOR 2013	
		CLASS		YEA	R
LICENSEE NA	AME: OCEAN EDO	GE RESORT LIMITED PA	ARTNERSHIP		
DOING BUSIN	NESS AS LINX TAV	YFRN AND BAR			
	32 VILLAGES DRIV				
induitess. V	32 VILLIGES DIG				
CITY/TOWN	BREWSTER	STATE: MA	A	ZIP CODE:	02631
MANAGER:	DEMERS, NORMAN	TYPE OF LICENSE: R	destaurant C	ATEGORY:	All Alcohol
DINING RM,E EXITS/ ENTR	ANCES, FLETCHE	ECK/PATIO,TWO WAIT R POOL, 18 HOLE GOLF			
•	•	alties of perjury that:			
		be of the same type for the	•		
	•	l with all laws of the Comm	_	taxes; and	
3. the 1	premises are now ope	en for business (If not expla	un below)		
SIGNED BY	Individual, Pa	urtner or Authorized Corpo	rate Officer		
			035-	38-5413	
DATE:	TELEP	HONE NUMBER:		DENTIFICATI	ON NUMBER:
	12221	HOIVE IVOINEER.	(Note: NOT Indi	ividual Social Se	curity Number)
Acts of 2004,	signed by the buildi	re are in possession (1) the ng inspector and the head ate of liquor liability insu	l of the fire departn	nent for the a	above
Please Check	Below:				
APPROVED:			LOCAL LICENS	ING AUTHO	RITY
DISAPPROVE			By:		
(If disapproved	l explain)				



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## **OFF-PREMISESLICENSE RENEWAL APPLICATION**

CITY OR TOWN BREWSTER

LICENSE NUN	MBER: 013400040				
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2013	
		CLASS		YEA	.R
LICENSEE NA	ME: A. ROSE RE	ALTY INC.			
DOING BUSIN	JESS AS FERRETT	I'S MARKET			
	01 UNDERPASS RO				
ADDRESS. 30	II UNDERFASS KC	JAD			
CITY/TOWN	BREWSTER	STATE:	MA	ZIP CODE:	01631
MANAGER:	SYLVIA, GINA FERRETTI	TYPE OF LICENSI	E: Package Store	CATEGORY:	Wine and Malt Regular
4000 SQ FT. B	CE BAY, WINE/BEE	REMISES: ENT/EXITS IN FRONT ER COOLER WINE RA			N REAR
I hereby certify	and swear under per	nalties of perjury that:			
1. the r	renewed license will	be of the same type for	the same premises	now licensed;	
2. the 1	icensee has complied	d with all laws of the Co	ommonwealth relat	ing to taxes; and	
3. the p	oremises are now ope	en for business (If not e	xplain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	PHONE NUMBER:		043-54-4034 OYER IDENTIFICATI OT Individual Social Se	
Please Check APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LIC By:	CENSING AUTHO	)RITY

DATE:

 $APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER \, (M.G.L. \, Ch. \, 138 \, \$ \, 16A)$ 



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# **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUI	MBER: 013400041			
APPLICATIO	N FOR RENEWAL:	Annual	L	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: PEDDLER'S	_CAFE & GRILL, INC	2.	
DOING BUSIN	NESS AS PEDDLER	'S CAFE & GRILL		
	7 THAD ELLIS ROA			
CITY/TOWN	BREWSTER	STATE:	MA	ZIP CODE: 02631
MANAGER:	HASSAN, ELIZABETH A.	TYPE OF LICENSI	E: Restaurant	CATEGORY: All Alcohol
DINING AREA		CHEN,BATHROOM,S		EA IN EAR ONTO HANDICAPPED
I hereby certify	and swear under pen	nalties of perjury that:		
1. the	renewed license will	be of the same type for	the same premi	ises now licensed;
2. the	licensee has complied	d with all laws of the C	ommonwealth r	relating to taxes; and
3. the	premises are now ope	en for business (If not e	explain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Co	orporate Officer	
DATE:	TELEP	PHONE NUMBER:		043-43-3496 MPLOYER IDENTIFICATION NUMBER:  NOT Individual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the l	nead of the fire	e required by Chapter 304 of the department for the above ired by Chapter 116 of the Acts
Please Check	Below:		1004	LIGENGING ALIEUGDIEN
APPROVED:				LICENSING AUTHORITY
DISAPPROVE (If disapproved			By:	
(11 disappioved	i Capiaiii)			



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400	0044			
APPLICATION FOR RENE	WAL:	nnual	I	LICENSED FOR 2013
	CI	LASS		YEAR
LICENSEE NAME: ELBE	RT BEVERAGE COM	PANY,	INC	
DOING BUSINESS AS STA	RVIN MARLIN REST	'AURA	NT	
ADDRESS: 2377 MAIN ST	REET			
CITY/TOWN BREWSTI	ER ST.	ATE:	MA	ZIP CODE: 02631
MANAGER: MARLIN, S	TEVEN TYPE OF LIC	CENSE	: Restaurant	CATEGORY: All Alcohol
SIXTY SEATS, KITCHEN ASTORAGE.	BAR AREA CONTAIN AREA, OUTSIDE POR	CH W		S,MAIN DINING AREA WITH Y SEATS, BASEMENT FOR
I hereby certify and swear un	se will be of the same ty		tha sama muan	siana maru linamand.
	omplied with all laws of			
	ow open for business (I			relating to taxes, and
SIGNED BY Individ	lual, Partner or Authori	zed Co	rporate Office	r
DATE:	FELEPHONE NUMBE	ER:		MPLOYER IDENTIFICATION NUMBER:  :: NOT Individual Social Security Number)
Acts of 2004, signed by the	building inspector and	d the h	ead of the fir	te required by Chapter 304 of the e department for the above uired by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL By:	LICENSING AUTHORITY



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN BREWSTER

LICENSE NUMBER: 01	13400045				
APPLICATION FOR RI	ENEWAL:	Annual		LICENSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: B	REWSTER FISH HO	OUSE LLC			
DOING BUSINESS AS	BREWSTER FISH	HOUSE			
ADDRESS: 2208 MAI	N STREET				
CITY/TOWN BREW	VSTER	STATE:	MA	ZIP CODE: 02631	
MANAGER: SMITH	, VERNON TYPE	OF LICENSI	E: Restauran	t CATEGORY: All Alcohol	
DESCRIPTION OF LICENSED PREMISES: SINGLE STORY STRUCTURE, ONE MAIN DINING ROOM, KITCHEN AREA, FULL BASEMENT.					
2. the licensee h	icense will be of the	same type for laws of the Co	ommonwealt	h relating to taxes; and	
SIGNED BY	dividual, Partner or A	Authorized Co	orporate Offic	cer	
				300-00-8283	
DATE:	TELEPHONE N	NUMBER:	(No	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number)	
Acts of 2004, signed by	the building inspec	ctor and the h	) the certific nead of the f nsurance re	ate required by Chapter 304 of the ire department for the above quired by Chapter 116 of the Acts  L LICENSING AUTHORITY	

DATE:

 $APPLICATION\ FOR\ RENEWAL\ MUST\ BE\ FILED\ BY\ LICENSEES\ DURING\ THE\ MONTH\ OF\ NOVEMBER\ (M.G.L.\ Ch.\ 138\ \$\ 16A)$ 



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUI	MBER: 013400048		
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: Ardeo Tuscan	Tavern LLC	
DOING BUSIN	NESS AS Ardeo Tusc	an tavern	
ADDRESS: 2	80 UNDERPASS RO	AD	
CITY/TOWN	BREWSTER	STATE: MA	ZIP CODE: 02631
MANAGER:	Morell Kathleen Marie	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
80 SEAT FUL	N OF LICENSED PRI L SERVICE RESTAU ATE KITCHEN, FULL	JRANT; INCLUDES OUTD	OOR DECK; 8 SEAT
1. the 2. the	licensee has complied	alties of perjury that: be of the same type for the same with all laws of the Common for business (If not explain	wealth relating to taxes; and
SIGNED BY	Individual, Par	rtner or Authorized Corporate	e Officer
DATE:	TELEPI	HONE NUMBER:	260-14-5890 EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the buildin	g inspector and the head of	ertificate required by Chapter 304 of the the fire department for the above nce required by Chapter 116 of the Acts
Please Check APPROVED: DISAPPROVE (If disapproved)	ED:		LOCAL LICENSING AUTHORITY By:



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## **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN BREWSTER

LICENSE NUN	MBER: 013400054			
APPLICATION	N FOR RENEWAL:	Annual	Ll	ICENSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: THE BACK I	NINE CAFÉ, LLC		
DOING BUSIN	NESS AS BACK NIN	NE CAFÉ		
ADDRESS: 10	000 FREEMAN'S W	VAY		
CITY/TOWN	BREWSTER	STATE:	MA	ZIP CODE: 02631
MANAGER:	FERNANDEZ, ANTONELLA	TYPE OF LICENS	E: Restaurant	CATEGORY: All Alcohol
DESCRIPTION	N OF LICENSED PR	EMISES:		
LEADING TO	PAVILION. TWO I 00 SEAT CAPACITY	DECKS WITH DOOR	S INTO THE RI	X AS WELL AS A DOOR ESTAURANT AND DOORS, TWO 18 HOLE
I hereby certify	and swear under per	alties of perjury that:		
1. the 1	renewed license will	be of the same type for	the same premi	ses now licensed;
2. the l	licensee has complied	d with all laws of the C	ommonwealth re	elating to taxes; and
3. the <sub>1</sub>	premises are now ope	en for business (If not e	explain below)	
CICNED DV				
SIGNED BY	Individual, Pa	artner or Authorized Co	orporate Officer	
				001-02-3712
DATE:	TELEP	HONE NUMBER:		MPLOYER IDENTIFICATION NUMBER:  NOT Individual Social Security Number)
			(	individual Social Security Fulliber)
Acts of 2004, s	signed by the buildi	ng inspector and the l	nead of the fire	e required by Chapter 304 of the department for the above ired by Chapter 116 of the Acts
Please Check	Below:		LOCAL	LICENCING AUTHORITY
APPROVED:			By:	LICENSING AUTHORITY
DISAPPROVE (If disapproved			Dy.	
( 0.00PP10,00	r			

#### DATF.



www.mass.gov/abcc

## **ON PREMISES LICENSE RENEWAL APPLICATION**

CITY OR TOWN BREWSTER

LICENSE NUMB	ER: 013400055		
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAM	E: CAPE COD FRESH	, LLC	
DOING BUSINE	SS AS CAPE COD FRE	SH	
	I MAIN STREET	, <b></b> .	
TIDDICESS. 207			
CITY/TOWN	BREWSTER	STATE: MA	ZIP CODE: 02631
MANAGER: B	ROTHERS, GARY TYP	PE OF LICENSE: Resta	urant CATEGORY: All Alcohol
THREE STORY DINING) ONE A		O ONE STORY ROOM KITCHEN WITH OF	I ( BOTH AREAS ARE FOR FICE, TWO HANDICAPPED XITS.
I hereby certify an	d swear under penalties o	of perjury that:	
1. the ren	ewed license will be of the	e same type for the sam	ne premises now licensed;
	=		wealth relating to taxes; and
3. the pre	mises are now open for b	usiness (If not explain b	pelow)
SIGNED BY	Individual, Partner o	r Authorized Corporate	Officer
D 4 777			001-07-7516
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, sig	ned by the building insp	ector and the head of	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Please Check Be	elow:	т	OCAL LICENSING AUTHODITY
APPROVED:			OCAL LICENSING AUTHORITY by:
DISAPPROVED: (If disapproved ex		_	
TI	. ,		